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## BIB DATA SHEET

CONFIRMATION NO. 1379

<b>SERIAL NUMBER</b> 10/821,678	<b>FILING or 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> RS03-232		
<b>APPLICANTS</b> V. Raman Sukumar, Lewes, DE; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/24/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> DE	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> John C. Andrade, Esquire 116 West Water Street P.O. Box 598 Dover, DE 19903 UNITED STATES						
<b>TITLE</b> Mobile intra-operative microscopic diagnosis laboratory						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			